



Town of Clarkdale
 P.O. Box 308
 39 North Ninth Street
 Clarkdale, AZ 86324
 (928) 639-2460 Fax (928) 639-2409

TOWN OF CLARKDALE VOLUNTEER APPLICATION

Date of Application: _____

Please complete the application and mail to: Town of Clarkdale, ATTN: Community Services, PO Box 308, Clarkdale AZ 86324
 Fax: (928) 639-2459 Email: Community.Services@clarkdale.az.gov

Section I: General Information

Name: _____ Date of Birth: _____

Address: _____

Mailing Address: _____

Phone # _____ Alt./Cell Phone# _____

Email Address: _____

Do you possess a valid Arizona Driver's License? Yes No

Section II: Youth Volunteer Information (14 to 17 years of age)

If prospective volunteer is under the age of 18, please provide the following information:

Parent/Guardian Name: _____

Address: _____

Mailing Address: _____

Phone # _____ Alt./Cell Phone# _____

Alternate Contact: _____ Phone#: _____ Alt. Phone #: _____

Section III: Emergency Contact

In case of an emergency, please contact the following:

Emergency Contact: _____ Phone #: _____ Alt. Phone#: _____

Address: _____

If you have a medical provider you wish to have contacted, please provide their name and phone number:

Medical Provider Name: _____ Phone #: _____

Section IV: References

Please list two references who are over the age of eighteen (18) years and are not relatives.

Name	
Phone:	Email Address:
Name:	
Phone:	Email Address:

Section V: Availability

Please indicate which days/times you are available by marking an "X" below each meeting that you will be able to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Number of Hours per week: _____ per month: _____

If you are only available at specific times during the year, please explain: _____

Section VI: Volunteer Interests

Indicate Special Skills or Areas of Interest:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Neighborhood Contact/Coordinator	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Grant Writer	<input type="checkbox"/> Painting	<input type="checkbox"/> Youth Activities
<input type="checkbox"/> Clerical	<input type="checkbox"/> Health Care	<input type="checkbox"/> Photography	<input type="checkbox"/> Instructor/Trainer Please describe your experience as a trainer/instructor: _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Computer	<input type="checkbox"/> History Projects	<input type="checkbox"/> Planning	
<input type="checkbox"/> Communication	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Research	
<input type="checkbox"/> Education	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Sports	
<input type="checkbox"/> Engineering	<input type="checkbox"/> Library	<input type="checkbox"/> Tutoring	
<input type="checkbox"/> Environmental	<input type="checkbox"/> Maintenance/ Buildings	<input type="checkbox"/> Technical Writer	
<input type="checkbox"/> Events	<input type="checkbox"/> Maintenance/Grounds	<input type="checkbox"/> Trail Building/Maintenance	

List any specific Town Departments you wish to volunteer for: _____

List languages you can read, speak and/or write other than English and your proficiency: _____

List knowledge of computer hardware, software programs and your proficiency: _____

List any Office Equipment you can operate such as copier, fax machine: _____

List yard/construction tools and equipment (hand tools, machinery, etc) you can operate: _____

Section VII: Other Information

1. If your area of interest involves working with children, do you currently have a State of Arizona DPS Fingerprint Clearance Card?
 - Yes - Card Number: _____ Expiration Date: _____
 - No
 If you do not have a DPS Fingerprint Clearance Card, are you willing to provide information for a related/required background check in order to receive a DPS Fingerprint Card? Yes No
2. Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations)
 - Yes No
 If yes, please attach a separate sheet with your information include full details, nature of offense and punishment or penalty.

I hereby declare that I will comply with all of the requirements of ordinances and regulations of the Town of Clarkdale. I understand that I am offering my services to the Town of Clarkdale without compensation. I hereby authorize the Town of Clarkdale to verify, by direct contact or otherwise, any or all information provided in the application and any subsequent interview and release the Town of Clarkdale from any and all liability arising from those actions.

As a Town of Clarkdale Volunteer, I understand that I will be required to abide by all Town of Clarkdale policies, rules and regulations. I understand that I will be required to sign a loyalty oath as prescribed by the State of Arizona. I further understand and agree that I will have no expectation of privacy in desks, files, lockers, computers, vehicles or any other property owned by the Town of Clarkdale.

Note: Applicant's signature required.

Signature of Volunteer

Date

Signature of Parent/Guardian (Required if volunteer is under the age of 18)

Date

Town Use Only

Staff Approval : _____

Date: _____

Volunteer # _____